

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small> 		Attorney Docket No. 2100/19 Application Number 09/844,082 Filing Date April 27, 2001 First Named Inventor Benjamin T. Gomez Group Art Unit 3713 Examiner Jones, Scott E.
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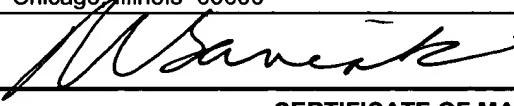
ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Amendment / Response to Restriction/Election Req. <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Extension of Time Request (duplic) <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement, PTO-1449, art <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawings: <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input checked="" type="checkbox"/> Applicant claims small entity status. <input type="checkbox"/> Request of Refund <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-0930. A duplicate copy of this sheet is enclosed.	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Post Card Receipt <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) <input checked="" type="checkbox"/> Check No. 4589 in the amount of \$180 <input checked="" type="checkbox"/> Check No. 4588 in the amount of \$460 <input type="checkbox"/>
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CALCULATION OF FEE

				Small Entity	Large Entity				
	Claims After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	or	Rate	Add'l Fee
Total		Minus		0	x \$9=	0		x \$18=	
Indep.		Minus		0	x \$42=	0		x \$84=	
First Presentation of Multiple Dep. Claim					+\$140=	---		+\$280=	
				total add'l fee	\$ 0			total add'l fee	\$ 0

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Michael H. Baniak Registration No. 30,608 BANIAK PINE & GANNON 150 N. Wacker Drive, Suite 1200 Chicago, Illinois 60606		
Signature	 Michael H. Baniak		
			Date: July 12, 2002

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date:		July 12, 2002
Signature	 Michael H. Baniak	
	Date: July 12, 2002	

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